

**ACKNOWLEDGEMENT OF RECEIPT OF THE LOS ANGELES COUNTY  
DEPARTMENT OF MENTAL HEALTH POLICY 556.01 – LACDMH ACCEPTABLE  
USE POLICY FOR COUNTY INFORMATION TECHNOLOGY RESOURCES**

I acknowledge that I have received and read the Los Angeles County Department of Mental Health's Policy No. 556.01, LACDMH Acceptable Use for County Information Technology Resources and the above agreement. I agree to abide by the provisions of the policy and agreement. If I fail to comply with the policy and agreement, I will be subject to disciplinary action, up to and including discharge.

_____ Name (Print)	_____ Employee Number	_____ Date
_____ Signature	_____ Job Title	
_____ Supervisor's Name (Print)	_____ Supervisor's Signature	_____ Date

Distribution:

Original: Employee Official Personnel Folder  
Duplicate: Retain in Departmental Area File for Personnel: employees,  
contractors, students, volunteers and agency personnel.